

JANUARY 13, 2001

PETER K. TRZYNA
P.O. BOX 7131
CHICAGO, IL 60680



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UNITED STATES PATENT AND TRADEMARK OFFICE
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PLEASE REVIEW ALL INFORMATION CONTAINED ON THIS NOTICE. THE INFORMATION CONTAINED ON THIS RECORDATION NOTICE REFLECTS THE DATA PRESENT IN THE PATENT AND TRADEMARK ASSIGNMENT SYSTEM. IF YOU SHOULD FIND ANY ERRORS OR HAVE QUESTIONS CONCERNING THIS NOTICE, YOU MAY CONTACT THE EMPLOYEE WHOSE NAME APPEARS ON THIS NOTICE AT 703-308-9723. PLEASE SEND REQUEST FOR CORRECTION TO: U.S. PATENT AND TRADEMARK OFFICE, ASSIGNMENT DIVISION, BOX ASSIGNMENTS, CG-4, 1213 JEFFERSON DAVIS HWY, SUITE 320, WASHINGTON, D.C. 20231.

RECORDATION DATE: 10/04/2000

REEL/FRAME: 011229/0928
NUMBER OF PAGES: 4

BRIEF: ASSIGNMENT OF ASSIGNOR'S INTEREST (SEE DOCUMENT FOR DETAILS).

ASSIGNOR:

SCHUTZ, JARED P.

DOC DATE: 09/14/2000

ASSIGNEE:

PROFLOWERS, INC.
5005 WATERRIDGE VISTA DRIVE
SECOND FLOOR
SAN DIEGO, CALIFORNIA 92121

SERIAL NUMBER: 09149650
PATENT NUMBER:

FILING DATE: 09/08/1998
ISSUE DATE:

TONYA LEE, EXAMINER
ASSIGNMENT DIVISION
OFFICE OF PUBLIC RECORDS

01-23-2003

FORM PTO-775
(Rev. 6-93)

OMB No. 0651-0011 (exp. 4-94)



EET

U.S. Department of Commerce
Patent and Trademark Office

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To the Honorable Commissioner of Patents and Trademarks: Please receive the attached original document or copy thereof.

1. Name of conveying party(ies):

ProFlowers, Inc, 5005 Waterridge Vista Drive, San Diego, CA
92121

Additional name(s) of conveying party(ies) attached?

☐ Yes ☒ No

3. Nature of conveyance:

☒ Assignment☐ Merger☐ Security Agreement☐ Change of Name☐ Other Promissory Note

Execution Date: September 14, 2000

1023-23

2. Name and address of receiving party(ies):

Jared Schutz

Internal Address:

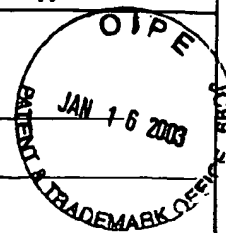
Street Address: P.O. Box 4549

City: Boulder

State: Colorado

Zip: 80306

Additional name(s) & address(es) attached?

☐ Yes ☒ No

4. Application number(s) or registration number(s): 09/149,650

If this document is being filed together with a new application, the execution date of the application is

A. Patent Application No.(s) 09/149,650

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Peter K. Trzyna

Internal Address: P.O. Box 7131

City: CHICAGO State: IL Zip: 60680

6. Total number of applications and patents involved 1

7. Total fee (37 C.F.R. 3.41) \$ 40.00

☐ Enclosed☒ Authorized to be charged to deposit account

8. Deposit account number: 50-0235

(Attach duplicate copy of this page if paying by deposit account)

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9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Peter K. Trzyna

Name of Person Signing

Signature

Date

Total number of pages including cover sheet, attachments and document: 9

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